FORM NEW Processing Section

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

JUL 23 2008

Wochlagton, DC

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: July 31.2008
Estimated average burden
hours per response.....16.00

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Marshall Fund - Iraq I L.P. Limited Partnership Interests	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	08000121
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	"
Marshall Fund - Iraq I L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 8000 Centerview Parkway, Suite 500, Memphis, TN 38018	Telephone Number (Including Area Code) (901) 326-9917
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business To serve as a collective investment vehicle for holders of its limited partnership interests.	
	PROCESSED
Type of Business Organization	· (CCL00LD
☐ corporation ☑ limited partnership, already formed ☐ other (☐ business trust ☐ limited partnership, to be formed	JUL 282008
Month Year Actual or Estimated Date of Incorporation or Organization: 0 4 0 8 Actual Esti	nated THOMSON REUTERS
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	::
CN for Canada; FN for other foreign jurisdiction)	۵E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information	requested for the fo	llowing:			
 Each promoter of 	f the issuer, if the is	suer has been organized w	rithin the past five years;		
 Each beneficial o 	wner having the pov	ver to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issue
Each executive o	fficer and director of	of corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
 Each general and 	managing partner of	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first Marshall Fund - Iraq I (G	if individual) SP) LLC				
Businesson Resident Fankly	rass sulte 500, and	emphis, City 380° 82 ip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, FDF Capital Manageme	, if individual) ent LLC				
Business or Residence Add 3000 Centerview Parkwa	ress (Number and ry, Suite 500, Mei	Street, City, State, Zip Comphis, TN 38018	ode)	•	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Eull Name (Last name first, Wayne	, if individual)				
Business or Residence Add 8000 Centerview Parkwa	ress (Number and ay, Suite 500, Me	Street, City, State, Zip Comphis, TN 38018	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Lenoir, Scot	, if individual)				
Business or Residence Add 8000 Centerview Parkw	ress (Number and ay, Suite 500, Me	Street, City, State, Zip Co emphis, TN 38018	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	, if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	ode)		
	(Use his	ink sheet, or conv and use	additional copies of this s	heet as necessary	· · · · · · · · · · · · · · · · · · ·

			····	· .	В. П	NFORMAT	ION ABOU	T OFFERI	NG				
1	1. Here the improved and are the improved intend to sall to man considered investors in this offering?							Yes	No				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.												
2.								\$ 250000					
	3. Does the offering permit joint ownership of a single unit?							Yes	No				
3.												K	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
F#J	Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	Zip Code)						
Naı	me of As	sociated Bi	oker or De	aler									
Sta			Listed Has										
	(Check	"All States	s" or check	individual	States)			•••••				☐ All States	
	AL IL MT	AK IN NE SC	AZ [A] NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)				••••		
Nai	me of As	sociated Br	oker or De	aler							·		
Sta			Listed Has										
	(Check	"All States	s" or check	individual	States)	***************************************	•••••		•••••••••	••••••		☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)							l States						
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<u> </u>	\$
	Equity	S	
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	s
	Partnership Interests		\$ 4500000
	Other (Specify)		- <u>- </u>
	Total		\$ 4500000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	<u>\$_4500000</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		S
	Regulation A		\$
	Rule 504	<u> </u>	\$
	Total		\$ <u>0</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		\$ <u>0.00</u>
	Legal Fees		\$ <u>0.00</u>
	Accounting Fees		\$ <u>0.00</u>
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)	_	\$ 0.00
	Other Expenses (identify)	_	\$ 0.00
	Total		\$ O

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — of proceeds to the issuer."			<u>\$_100000000</u>
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate			_ 🗆 \$
	Purchase, rental or leasing and installation of mach and equipment		\$	_ 🗆 \$
	Construction or leasing of plant buildings and faci	lities	□ \$	
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	s or securities of another	□ \$	_
	Repayment of indebtedness		_	
	Working capital		· 	№ \$ 97500000
	Other (specify):			
			<u>\$</u>	
	Column Totals		№ \$ <u>2500000</u>	№ \$ 97500000
	Total Payments Listed (column totals added)		№ \$ 100000000	
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furr information furnished by the issuer to any non-accr	hish to the U.S. Securities and Exchange Commis	ssion, upon writte	
SS	uer (Print or Type)	Signature	Date	
VIε	rshall Fund - Iraq I L.P.	12 65-4	7/21/	2008
_	me of Signer (Print or Type)	Title of Signer (Print or Type)		
W	syne Culbreth	Managing Partner of the Sole Member of the	General Partner	of the Issuer

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)